

2010 MAR -1 PM 5:13

A Public Document

MAR - 1 2010

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Hancock	Lonl			
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
			OPTIONAL: E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

State Senate

Division, Board, District, if applicable:

Your Position:

State Senator

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/1/10

(month, day, year)

Signature

(Signature of official)

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Hancock
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► NAME OF SOURCE
 Alameda County Family Justice Center
 ADDRESS (Business Address Acceptable)
 470 27th Street, Oakland, CA 94612
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Services for domestic violence victims and families

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 31 / 09	\$ 175.00	Gala Ticket
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 Biotech Partners Celebration
 ADDRESS (Business Address Acceptable)
 P.O. Box 2186, Berkeley, CA 94702
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Connects youth to world of biotechnology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 19 / 09	\$ 175.00	Event Ticket
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 Berkeley Community Fund
 ADDRESS (Business Address Acceptable)
 800 Jones Street, Berkeley, CA 94710
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Scholarships and mentoring to high school students

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 04 / 09	\$ 65.00	Awards Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 Oakland East Bay Symphony
 ADDRESS (Business Address Acceptable)
 400 29th Street, Suite 501, Oakland, CA 94609
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Symphony Arts

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 03 / 09	\$ 250.00	Admission Ticket
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 Berkeley Symphony
 ADDRESS (Business Address Acceptable)
 1942 University Ave, Suite 207, Berkeley, CA 94704
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Symphony Arts

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 15 / 09	\$ 60.00	Admission Ticket
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 Japanese Chamber of Commerce
 ADDRESS (Business Address Acceptable)
 1875 S. Grant St, Suite 760, San Mateo CA 94402
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Business Interest

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 24 / 09	\$ 115.62	Dinner Event
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Hancock
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► NAME OF SOURCE
Family Winemakers of California

ADDRESS (Business Address Acceptable)
520 Capitol Mall Suite 260, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 26 / 09	\$ 72.20	Legislative Reception
/ /	\$	
/ /	\$	

► NAME OF SOURCE
California Correctional Peace Officers Association

ADDRESS (Business Address Acceptable)
1415 L Street Suite 410, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 22 / 09	\$ 150.19	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Steinberg for Senate 2010

ADDRESS (Business Address Acceptable)
1100 O Street suite 200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Candidate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 03 / 09	\$ 71.23	Dinner
06 / 03 / 09	\$ 33.48	Dinner
/ /	\$	

► NAME OF SOURCE
Consumer Attorneys of California

ADDRESS (Business Address Acceptable)
770 L Street Suite 1200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 27 / 09	\$ 34.40	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____